

Case Number:	CM15-0183463		
Date Assigned:	10/01/2015	Date of Injury:	03/06/2009
Decision Date:	11/09/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female who sustained an industrial injury on 03-06-2009. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral foot pain. The injured worker has a history of cardiac stents (2013) and diabetes mellitus. The injured worker is status post left Morton's neuroma excision (no date documented). According to the treating physician's progress report on 07-29-2015, the injured worker continues to experience stiffness and pain in her left foot "with a feeling of a golf ball under her foot" and right foot pain. Examination of the left foot was tender with excruciating pain between the 3rd and 4th metatarsal when touching the bottom of the left foot. The right foot revealed tenderness over the 3rd and 4th metatarsal and on pressure was uncomfortable. There was full range of motion of the ankles and feet. Tendon reflexes were equal bilaterally with normal sensation to pinprick, light touch, proprioception in all dermatomes and nerve distributions of the bilateral feet. The injured worker ambulates with an antalgic gait delicately but without a limp. Prior treatments have included diagnostic testing, surgery, extensive physical therapy, home exercise program, orthotic functional maintenance and medications. On 07-01-2015 a urine drug screen collection (reported on 07-08-2015) was consistent with the prescribed medications and on 07-29-2015 it showed inconsistent results with the prescribed medications as reported by the physician. Official reports were not available in the review and prior urine drug screenings were not reported. Current medications were listed as Hydrocodone and Soma. Treatment plan consists of new orthotic shoes, continuing with medication regimen and the current retrospective request for a urine drug screen in house (DOS: 07-08-15). On 08-17-2015 the Utilization Review determined the retrospective request for a urine drug screen in house (DOS: 07-08-15) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective Urine drug screen (UDS) (DOS 7/08/15) (in house): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Test.

Decision rationale: According to CA MTUS (2009), a urine drug screen is recommended as an option to assess for the use or the presence of illegal drugs. According to ODG, urine drug testing (UDT) is a recommended tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. In this case, the patient had undergone a urine drug test 30 days prior and there was no documentation of aberrant or high-risk behavior to warrant another test at the requested interval. Medical necessity for the requested urine drug test was not established. The requested urine drug test is not medically necessary.